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Facsimile Transmittal

DATE: September 13, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 09/920,784

FAX : 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: 16 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 4 PAGES;
TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

9/13/05

(Date of Deposit)

Darla D. Kasanodo

(Name of the Person Making the Deposit)

(Signature)

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

RECEIVED
CENTRAL FAX CENTERMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010343
In Re Application of: Roberto Fabian Averbuj, et al.
Serial Number: 09/920,784
Filed: 8/1/01
Examiner: Daniel Ungar
Group Art Unit: 2132

SEP 13 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	25	25	0	x \$50 =	\$0	
Independent**	14	14	0	x \$200 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$	
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120	\$120
				<input type="checkbox"/> Two Months	\$450	\$
				<input type="checkbox"/> Three Months	\$1020	\$
TERMINAL DISCLAIMER				\$130	\$	
				TOTAL FEE	\$120	

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 9/13/05

Signature: _____

George C. Pappas, 35,065
858-651-1306QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-250209/15/2005 MBINAS 00000021 170026 09920784
01 FC:1251 120.00 DA

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: 9/13/05

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Depositor's Name: Doris D. Kasmedo

(type or print name)

Signature: _____

(TRANSAMD.VER1.13-04/30/04)

09/920,784

RECEIVED
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SEP 13 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 09/920,784

For: APPARATUS & METHOD FOR
PERFORMING KASUMI
CIPHERING

AVERBUJ, et al.

Examiner: Ungar, Daniel M.

Filed: August 1, 2001

) Group No. 2132

RESPONSE TO OFFICE ACTION

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office action of May 13, 2005, please amend the above-identified application as follows. Applicant through his attorney respectfully requests that the three month statutory period for response due August 13, 2005, please extended one (1) month to September 13, 2005. Please charge Deposit Account No. 17-0026 the amount of \$120.00 to pay the necessary fee due.

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Signature: _____

FACSIMILE

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Depositor's Name: Dario Kasimodo
(type or print name)

Date: 9/13/05

Signature: [Signature]

Attorney Docket No.: 010343

Customer No.: 23696